GENERAL INSTRUCTIONS
LONG TERM CARE SEMI-ANNUAL REPORT
for INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED

WEB FORM INSTRUCTIONS: IF YOU ARE COMPLETING THE WEB VERSION OF THIS FORM, PLEASE NOTE THESE ADDITIONAL INSTRUCTIONS. To move through this interactive form use either the mouse button to place the cursor in a field or use the "Tab" key to place the cursor in the first field and then sequentially move through the other fields (use Shift-Tab to move backwards). To print this form you can use the "PRINT" button in the bottom left corner of page 2 of the form.

▶ **FACILITY INFORMATION: Insert Facility Name/Address information as indicated in the upper left section of the form.**

Section I.   **Reporting Period**

a.   Answer "YES" if your facility was in operation all days of the six month reporting period. Answer "NO" if your facility was not in operation one or more days of the six month reporting period.

b.   If the answer was "NO," record the number of days your facility was in operation during the six month reporting period.

Section II.   Record the licensed resident capacity at end of the reporting period.

Section III.   **Resident Information**

1.   Inpatient days include day of admission.

Inpatient days do not include day of discharge and days resident was in another care facility.

   •   **Count** residents who are visiting outside the facility for one to 21 days who have not been discharged from the facility.

   •   **Count** residents who die during the day.

   •   **Do not** count residents who are admitted to a hospital.

   •   The inpatient days of care are figured as follows: Example - If there are 181 days in the six-month period and the facility had 60 residents for 85 days and 58 residents for 96 days, the inpatient days of care would be figured as follows: $(60 \times 85) + (58 \times 96) = 10{,}668$ days of care.

2.   Initial admissions and readmissions from hospital stays are to be included.

3.   For purposes of this report, a discharge by hospitalization is deemed to have occurred if the resident has been admitted to the hospital.

4.   This number should include only those residents who died while considered an inpatient of the ICFMR.   Do not include residents who died after being admitted to the hospital. This resident would have been included in question three as a discharge by hospitalization for **this report only.**

5.   Discharges by Transfer to a community base program for the developmentally disabled..

6.   Discharges by Transfer to a state institution.

7.   Discharges by Transfer to another ICFMR

8.   Other Discharges not included in nos. 3 through 7.

Note: Visits outside the facility:

Temporary leave: If a resident leaves the facility for one through 21 days to visit elsewhere, this is not counted as an admission or a discharge.

Discharges: If a resident leaves the facility for 22 or more days to visit elsewhere, this is **both a discharge** when the patient leaves the facility and a readmission when the patient returns.

Discharges by Hospitalization and Admissions and Readmissions during the six-month period:

- If a resident is admitted to a hospital, that resident is considered discharged from the ICFMR for purposes of **this report.**

- If a resident is discharged from a hospital and returns to the ICFMR, that resident is counted as an admission to the ICFMR for the purposes of **this report.**

- If a resident is discharged to a hospital and then dies, for purposes of **this report**, show a discharge to a hospital.

9. Total Discharges. Add lines 3, 4 ,5, 6, 7 and 8 and record in the space provided. If completing the interactive version of this form, this total should be calculated automatically.

10. Resident Census on last day of reporting period

- **Count** residents who are visiting outside the facility for one to 21 days who have not been discharged from the facility.

- **Count** residents who die during the day.

- Do **not count** residents who are admitted to a hospital.

11. Resident Census: This resident census is used to calculate staffing ratios and includes only patients in the facility on a given day.

- Do **not** count residents who are admitted to a hospital.

- Do **not** count residents who are visiting outside the facility.

Note: **If a facility was not in operation during the reference week, use census and staffing from the last full week of the reporting period.**

Section IV.   **Staffing Information** Complete all blanks. If nothing to report, enter zero.

12.   Number of Direct Care Staff.   Follow instructions on the form.

13.   Number of Hours Worked Each Day (24 hours) by Staff in the ICFMR.

• Record hours worked each day by direct care staff for the reference week.

• Record in whole numbers only.